Viewpoint

Summary Care Records in Urgent and Emergency Care in England

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Abstract

Summary Care Records (SCRs) have been created for more than 50% of the population of England. The number is increasing at about 100,000 records a week. Fewer than 1.5% of people have elected not to have a SCR. SCRs contain updated details of patient medication, allergies and adverse reactions, electronically extracted from the GP record. A patient and their GP can also agree to have additional information included. SCRs are being viewed by authorised healthcare staff in urgent and emergency care settings all over England. Benefits are being reported in relation to increased patient safety, improved clinical decision making, improved efficiency and improved quality of care. NHS England strongly supports the uptake and adoption of SCRs by Trusts in England.

Keywords

Summary Care Records, Urgent Care, Emergency Care.

Key Points

- Summary Care Records (SCRs) are electronic extracts from the GP record, which can be accessed by authorised healthcare staff in urgent and emergency care settings.
- SCRs contain details of a patient's medications, allergies and adverse reactions.
- More than 50% of the population of England already have a SCR.
- Implementation of SCR viewing is simple and not expensive for any organisation with a N3 network connection.
- Staff need to be issued with a SmartCard with appropriate Role-Based Access Controls in order to be able to view SCRs.
- SCRs are being viewed in acute and urgent care settings all over England and significant clinical and patient benefits are being reported.

'In an advanced health care system it is reasonable for citizens to expect that, when they arrive in an Accident and Emergency department or require treatment out of hours, clinicians have access to the essential medical information they need to support safe treatment and reduce the risk of inadvertent harm'

– Sir Bruce Keogh, Medical Director of the NHS, October 2010.[1]

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Introduction

The NHS in England is introducing Summary Care Records (SCRs) for patients[2] by uploading summary data from GP systems to the central technical infrastructure known as the NHS Spine. SCRs can be accessed by authorised healthcare staff working in urgent and emergency care settings. SCRs provide key clinical information which is of value in the event of a patient requiring attention in a setting other than their own GP surgery.

Core information in the SCR

Core data held in the SCR are: Details of medications (including long term, acute and discontinued medications); known allergies and adverse reactions. These data will be copied electronically from the patient's GP record for every person aged sixteen or over in England, who has received information by individual mailing through the Public Information Programme (PIP). The only exceptions are those individuals who have exercised their choice not to have an SCR by informing their GP directly, or by letter, or by using the standardized 'Opt-out' form, which is now included in the PIP mailing pack. The information contained in the SCR is updated automatically each time that the GP record is updated.

Additional information

The SCR may contain additional information if both the patient and GP agree that this would be of benefit to clinical staff providing treatment in an urgent or emergency setting. This could include information about management of Long Term Conditions, End of Life Care Plans, Mental Health Care Plans or specific, clinically important information about the patient's understanding of their condition and their expectations. Additional information of this sort may only be included in the SCR with explicit patient consent.

NHS England has recently commissioned the Health and Social Care Information Centre (HSCIC) to add information about immunisations, significant past problems and procedures, end of life

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care information and other patient preferences to the SCR.

Millions of SCRs already created

At the time of writing (June 2013), more than 42 million people in England have been sent information about SCR by individual mailing through the Public Information Programme (PIP).

Over 28.5 million individual SCRs have been created, a number that has been increasing at a rate of over 0.5 million records a month. That means that half of the population of England now has had a SCR created and available for viewing by authorised healthcare staff. The patient opt-out rate is very low at just over 1%.

A number of CCG areas already have 100% of patients with a SCR; many CCGs have more than the accepted 'critical mass' of 60% of patients with SCRs; many CCGs are busily uploading records; a very small number of CCGs have yet to upload any records.[3]

Dr Charles Gutteridge, former National Clinical Director for Informatics has said that "The more clinicians are exposed to the SCR, the more value they give it. I believe that in a few years time we will be astonished that we used to provide emergency care without this fundamental back-up."[4]

Challenges

Challenges to the implementation of the SCR Programme in England have included public concerns about confidentiality and data security as well as professional and political anxieties about consent and public acceptability. Many of these concerns were addressed during a Ministerial Review in 2010, with contributions from patient and professional groups. The review resulted in a consensus with regard to technical and information governance safeguards to ensure maintenance of confidentiality whilst allowing information to be available for clinical decision making by those who need to know.

Viewing SCRs – SmartCards and Permission to View

The process for SCR viewing is easy to implement and inexpensive. Any organisation which has NHS N3 network connection can access SCRs via the web-based SCR application which also accesses the Patient Demographic Service (PDS) on the National Spine. Staff can be trained in a relatively short time to access and view SCRs – training can be provided on-line from a central resource provided by the Health and Social Care Information Centre (HSCIC). Alternatively, face-to-face training can be arranged through the regionally based SCR Implementation Managers, who can be contacted via the contact details given at the end of this article.

Like all other use of confidential medical information, viewing SCRs is subject to legal and professional controls and codes of conduct. Caldicott obligations[5] require that the health professional wishing to view the SCR must have a Legitimate Relationship (LR) with the patient.

Doctors and nurses in hospital Emergency Departments or Acute Medical Units, those working in GP Out of Hours settings and Hospital Pharmacists wishing to undertake Medicines Reconciliation, can use the web-based Summary Care Record application (SCRa) to view SCRs. Alternatively, they may be able to view SCRs directly using their emergency care information system, if it is one that has integrated functionality.

Users will need a SmartCard and PIN in order to view the SCR. SmartCards are Photo-ID cards with an embedded chip and can only be issued to individual members of staff. Access rights are determined by Role Based Access Control (RBAC) – codes added to the SmartCard which define the level of access that the staff member has been allocated. Use of SmartCard authentication ensures that all SCR viewing can be the subject of an audit trail and any suspected inappropriate or unwarranted viewing can be detected and investigated,

The NHS Care Record Guarantee[6] stipulates that a patient's Permission to View (PTV) must be sought before accessing the SCR, unless the patient is not able to give permission, in which case the clinician may decide to over-ride the requirement for PTV if it is considered to be in the patient's best interest or in the rare event of over-riding public interest or legal requirement to view the information.

Benefits of viewing SCRs

Benefits are starting to emerge in areas of the country, especially where a critical mass of more than 60% of the population have had a SCR created.

Hospital Pharmacists are reporting significant improvements in the time taken to undertake Medicines Reconciliation for hospital inpatients, with early identification of drug discrepancies and improved patient safety.

Doctors in Out of Hours GP centres are reporting benefits in relation to access to the SCR informing their clinical decision making and prescribing decisions in a significant number of patient encounters and are indicating that access to the information contained in the SCR is improving their confidence and increased safety in treating patients.[7]

As SCR viewing is introduced into urgent and emergency care settings in secondary care, similar improvements in quality and safety of patient care are being realised by clinical staff working in the hospital environment.

Conclusion

Physicians providing care for patients in acute medicial units will find that viewing the information contained in patients' SCRs will improve clinical decision making, reduce the risk of inappropriate presecribing and improve patient safety and quality of care.

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Viewing SCRs should become a routine part of the clinical evaluation of patients presenting to Acute Medical Units.

Conflict of Interest

This study was funded entirely by the authors and they have no conflict of interest with any third party.

Further Information

1. For more information about the SCR and how to implement SCR viewing in your organisation, please contact the author or call 0845 300 6016 or email enquiries@hscic.gov.uk.
2. Subscribe to the SCR Bulletin (http://systems.hscic.gov.uk/scr/staff/bulletin/index_html) or Follow SCR on Twitter (https://mobile.twitter.com/NHSSCR).

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